UTILITY ORDESIGNPATENT COMPLETE IF KNOWN APPLICATION (37 CFR 1.63) Application Number Not yet known/ **⊠**Declaration □ Declaration Filing Date Herewith Submitted OR Submitted after Initial With Initial Filing (surcharge Group Art Unit Not yet known Filing (37 CFR 1.16 (e)) required) Examiner Name Not yet known As a below named inventor, I hereby declare that: My residence, post office address, and citizenship are as stated below next to my name. I believe I am the original, first and sole inventor (If only one name is listed below) or an original, first and joint inventor (If plurel names are fisted below) of the subject matter which is delined and for which a patent is sought on the invention entitled: SYSTEMS AND METHODS FOR VALIDATING PATIENT AND MEDICAL DEVICE INFORMATION the specification of which (Title of the Invention) is anached hereto was filed on (MM/DD/YYYY) as United States Application Number or PCT International Application Number and was amended on (MM/DD/YYYY) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application. I hereby claim foreign priority benefits under 35 U.S.C. 118(a)(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's for plant besider's rights certificate(s), or 385(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or of any PCT international application having a filing data before that of the application on which priority is Certified Copy Attached? Prior Foreign Application Foreign Filing Date Priority Number(s) Country (MM/DD/YYYY) Country **Not Claimed** YES

300569

Timothy R. H. PRATT et al.

Altorney Docket Number

First Named Inventor

COMBINED DECLARATION AND

POWER OF ATTORNEY FOR

[Page 1 of 3]

I hereby appoint the Faegre & Benson LLP attorneys and agents associated with <u>Customer Number 25764</u> to prosecute the patent application identified above and to transact all business in the Patent and Trademark Office connected.

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therewith, including full power of association, substitution, and revocation.

DECLARATION — Utility or Design Patent Application Direct all correspondence to: Customer Number 25764 Correspondance address belov or Bar Code Label Faegre & Benson LLP Name 2200 Wells Fargo Center, 90 South Seventh Street **EzanbbA** Minneapolis MN 55402-3901 City State ZIP : **United States** 612.766.7436 612.766.1600 Country Telephone I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor Given Name Timothy R. H. Family Name (first and middle [if any]) OF SURNAME inventors Date Signature Arden Hills MN US AU Residence: City State Country Citizenship 1390 Indian Oaks Court Mailing Address Arden Hills MN 55112 US City State Zip Country NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor Given Name Richard Family Name (first and middle [if any]) or Surname Inventor's Date 26 Signature US Moundsview MN US' Residence: City State Country Citizenship 8322 Knollwood Drive Mailing Address Moundsville MN 55112 us State Zlp City Country

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